## P150000000170

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	AATION: SURPLUS LIQUI	DATIONS, INC.	
DOCUMENT NUME	P15000020170	J	
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	AZIZ, ZESHAN		
•		Name of Contact Persor	1
	SURPLUS LIQUIDATIONS	S. INC.	
		Firm/ Company	
	17832 S. DIXIE HIGHWAY	• •	
		Address	
	MIAMI, FL 33157		
•		City/ State and Zip Code	3
717Si	ırplus@Gmail.com		
	. •	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
AZIZ, ZESHAN		767	625-7980
	of Contact Person	at ( / 6 0	925 - 2988 de & Daytime Telephone Number
Name	or Contact reison	Alea Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SURPLUS LIQUIDATIONS, INC.

(Name o	f Corporation as current	ly filed with the Florida Dept. of State)
P15000020170		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		17832 S. DIXIE HIGHWAY #5
· · · · · · · · · · · · · · · · · · ·	<del></del>	MIAMI, FL 33157
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	AZIZ, ZESHAN	<b>-</b>
Name of New Registered Agent	17832 S. DIXIE HIGHW	/AY #5
	(Florida st	reet address)
New Registered Office Address:	Miami	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registed.	ered agent. I am familiar	t: with and accept the obligations of the position.  Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	AZIZ, ZESHAN	717 PONCE DE LEON
Add			CORAL GABLES, FL 33134
X Remove			
2) Change	P	Camilo Gonzalez	17832 S. DIXIE HIGHWAY #5
X Add			MIAMI, FL 33157
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			444
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
07/09/2015
Signature 2880 AZIZ
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Zeshan Aziz
(Typed or printed name of person signing)
P
(Title of person signing)